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JUN 29 2020



AUG 11 7070 S. YOUNG

## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUB	IECT: WINE	E BY 5 LLC		
		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings, LLC	
			Firm/Company	
		3 (	Greenway Plaza #1320	
			Address	
			Houston, Texas 77046	
			City/State and Zip Code	
			filings@swyftfilings.com	<del></del>
For 6	urthur information o	fi-mail address: () oncerning this matter, please co	to be used for future annual report notif	ication)
1 (/1 1)	mener mormation o	oncerning this matter, please ea	111.	
	Sonia B	ecerra	at (877 ) 777-04	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enck	sed is a check for th	ne following amount:		
<b>⊠</b> S	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, Fl. 32301

## ARTICLES OF AMENDMENT

TO

ther new mailing address, if applicable:    Column   Colu		WINE BY 5 LLC	
e Articles of Organization for this Limited Liability Company were filed on	(Name of the Lim	ted Liability Company as it now appears on or (A Florida Limited Liability Company)	records.)
is amendment is submitted to amend the following:  If amending name, enter the new name of the limited liability company here:  If amending name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC" of the abbreviation "LLC" or the abbreviation "LLC" of the abbreviation "LLC" or the abbreviation abbreviati			100 100 100
is amendment is submitted to amend the following:  If amending issue, enter the new pame of the limited liability company here:  If amending issue, enter the new pame of the limited liability company here:  If amending issue, enter the new pame of the limited liability company, the designation "LLC" or the abbreviation "LLC," deer new principal offices address, if applicable:  rincipal office address MUST BE A STREET ADDRESS)  there new mailing address, if applicable:  address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the destered agent and/or the new resistered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida trees address  Florida  City  The Code  W Registered Agent's Signature, if changing Registered Agent and agree to act in this capacity. I further agree to comply with ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and corpor the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.  If Changing Registered Agent, Signature of New Registered Agent, Signature of N	e Articles of Organization for this Limited I	• • •	
If amending hame, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC."  ther new principal offices address, if applicable:  riacized office address MUST BE A STREET ADDRESS)  ther new mailing address, if applicable:  laiking address MAY BE A POST OFFICE BOX)  If amending the registered agent and/or registered office address on our records, enter the name of the distered agent and/or the new resistered office address here:  Name of New Registered Agent:  New Registered Office Address:  Description of the appointment as registered agent and agree to act in this capacity. I further agree to comply with ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and corps the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.  If Changhag Registered Agent, Stemature of New Registered Agent.  If Changhag Registered Agent, Stemature of New Registered Agent.  If Changhag Registered Agent, Stemature of New Registered Agent.	orida document number L20000046477	so that it in ames as successor custodic	
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Page 1 of 3	New Registered Office Address:  W Registered Agent's Signature, if changing the description as registered ovisions of all statutes relative to the property the obligations of my position as reging filed to merely reflect a change in the	City  Resistered Agent:  ed agent and agree to act in this capace per and complete performance of my di istered agent as provided for in Chapte registered office address, I hereby cor	Zip Code  Zip Code  ity. I further agree to comply with tuties, and I am familiar with and er 605, F.S. Or, if this document is
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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Tom Longe	1495 RAILHEAD BLVD #15	
		NAPLES, FL 34110	Remove
			Change
AMBR	Ice Blancato	1495 RAILHEAD BLVD #15	
		NAPLES, FL 34110	Remove
			Change
AMBR	George Pacchiana	1495 RAILHEAD BLVD #15	C Add
		NAPLES, FL 34110	Remove
		· · · · · · · · · · · · · · · · · · ·	Change
AMBR	Jim Smith	1495 RAILHEAD BLVD #15	
		NAPLES, FL 34110	Remove
		· · · · · · · · · · · · · · · · · · ·	Change
		· ,	D Add
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Effectiv	re date, if other than the date of filing:
lf an effe <u>Note:</u> I	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as int's effective date on the Department of State's records.
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
,	
Dated _	fre 17 Th 2020
V	Y I L
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00